



When using this form, please contact Human Resources.  
(If outside of normal business hours, please contact  
Human Resources when possible).

## **Drug Free Workplace**

*Lake County Board of County Commissioners*

### **Reasonable Suspicion Drug Testing**

#### **Designated Specimen Collection Site**

**Testing Date:** \_\_\_\_\_

**Expected Arrival Time:** \_\_\_\_\_

**Location(s):** Centra Care

Clermont-15701 State Road 50 Clermont, FL 34711 (352)394-7757

Leesburg-1103 N. 14<sup>th</sup> Street Leesburg, FL 34748 (352)314-2238

Mount Dora-19015 U.S. 441 Mount Dora, FL 32757 (352)383-3484

Lake County  
Human Resources  
P.O.Box 7800  
315 W. Main St.  
Tavares, FL 32778-7800  
Tele (352) 343-9596  
Fax (352) 343-9883

The following employee will proceed to the designated specimen collection site within forty-five (45) minutes of this notification.

**Employee will be required to present their County I.D. or Driver's License to the Drug Screen Coordinator along with this notification form.**

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employee will submit to a drug and/or alcohol test for reasonable suspicion of drug and/or alcohol use/abuse.

<b>Testing Authority</b>	<input type="checkbox"/> <b>FMSCA</b>	<input type="checkbox"/> <b>FTA</b>	<input type="checkbox"/> <b>DFWP</b>
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<b>Test Type</b>	<input type="checkbox"/> <b>Drug</b>	<input type="checkbox"/> <b>Alcohol</b>
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#### **Drug Screen Coordinator Section**

*Have the Drug Screen Coordinator (or designee) complete the next section.*

Arrival Time: \_\_\_\_\_ Print Name: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Signature: \_\_\_\_\_

After reporting to testing facility for screening, employee shall present this completed notification to their supervisor, who will forward the form to Human Resources.